



Village of Woodridge

ADA COMPLAINT/GRIEVANCE FORM

Complainant's Name: _____

Address: _____ Phone: _____

Name of Complaint: _____

(Use additional page if necessary)

Signature: _____
(By the complainant or by someone authorized to do on his/her behalf)

Submit this complaint to: Peggy Halik, ADA Coordinator and Assistant Village Administrator, Village of Woodridge, Five Plaza Drive, Woodridge, IL 60517. Your complaint will be handled in accordance with the Village of Woodridge Grievance Procedure.

If an individual's disability impedes his/her completion of this form, please notify the ADA Compliance Coordinator so that appropriate assistance can be provided.

PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by: _____

Respondents Comments/Action taken:

Date Resolved: _____